

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
Commercial Licensing
233 RICHMOND STREET
PROVIDENCE, RI 02903
(401) 222-2416

CLAIM FOR RETURN OF PROPERTY

SALESPERSON OR BROKER AFFIDAVIT TO OBTAIN DEPOSIT

Claim is hereby filed for a return of a deposit on a Real Estate Escrow Deposit turned over to the General Treasurer in accordance with R.I. Gen. Laws § 5-20.5-26. The deposit was transmitted to the General Treasurer on _____.

Complete and mail to the address below.

1. Name of Claimant: _____ SS# _____

Co-Claimant: _____ SS# _____

Present Address: _____ SS# _____

_____ Phone # _____

Name and address of original owner at time property was purchased: _____

2. Description of property: _____

_____ Amount of Deposit: _____

Holder: _____

3. This claim is made by (please check appropriate line):

- ☐ A. Original owner
- ☐ B. Under assignment of transfer
- ☐ C. As guardian, executor, administrator of other representative
- ☐ D. Under decree of distribution in probate proceeding
- ☐ E. As heir or legatee per will (enclosed copy)
- ☐ F. As heir and survivor when no will or probate proceedings were filed
- ☐ G. Other (please specify and explain)

4. If claimant presents this claim as heir and survivor, complete the following:

The Original owner left surviving him/her the following heir: (Note: Name widow/widower, children and if none, all the other heirs of the deceased, giving their relationship and place of residence.)

NAME	RELATIONSHIP	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on separate sheet, if necessary)

5. State of _____

County of _____

Each of the undersigned affiants (signatory), being duly sworn, deposes and states: That affiant(s) is/are the claimant(s) in the foregoing claim; that affiant(s) has read the foregoing claim and knows the contents therefor; that the same is true of affiant's own knowledge; that the money or property involved has not been received by affiant(s); that affiant(s) of said claim and sole person(s) entitled to receive the property set forth in said claim; and that affiant(s) agree to indemnify and hold harmless the State of Rhode Island, its officers and employees, from any loss resulting from the payment of said claim.

Affiant _____
(Claimant's signature)

Affiant _____
(Claimant's signature)

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public
My commission expires _____

Please attach supporting documents.

Mail all completed forms to:
Unclaimed Property Division
P.O. Box 1435
Providence, Rhode Island 02901-1435